U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - 5/9/ | 2. Fiscal Year Covered From: |
| | 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. | Name, file number, and address of labor organization. |
| Name Joseph M Erdey | Name Actors' Equity Association |
| | Labor Organization File Number 006-029 |
| P.O. Box, Bldg., Room No., if any Actors' Equity Association | P.O. Box, Building and Room Number, if any |
| Street 165 W. 46th St. | Street 165 W. 46th St. |
| City New York | City New York |
| State New York ZIP Code + 4 10036-2598 | State New York ZIP Code + 4 10036-2598 |
| 5. Position in labor organization. Traveling Business Representa | tive |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| | |
| Name Surflight Theatre | 9/30/04- ticket: JEKYLL & HYDE Trump Plaza (Atlantic City, NJ) |
| Name Surflight Theatre Trade Name, if any: | Trump Plaza (Atlantic City, NJ) |
| Trade Name, if any: | 9/30/04- ticket: JEKYLL & HYDE Trump Plaza (Atlantic City, NJ) |
| The control of the co | Trump Plaza (Atlantic City, NJ) |
| Trade Name, if any: | Trump Plaza (Atlantic City, NJ) |
| P.O. Box, Bldg., Room No., if any P.O. Box 1144 | Trump Plaza (Atlantic City, NJ) |
| P.O. Box, Bldg., Room No., if any P.O. Box 1144 Street | Trump Plaza (Atlantic City, NJ) 7.b. Amount. |
| P.O. Box, Bldg., Room No., if any P.O. Box 1144 Street City Beach Haven | 7.b. Amount. |
| P.O. Box, Bldg., Room No., if any P.O. Box 1144 Street City Beach Haven State New Jersey ZIP Code + 4 08008-0026 | 7.b. Amount. \$25 Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the |

Date

Telephone Number